Attach check or money order

DO NOT SEND CASH

## APPLICATION FOR RENEWAL OF AN INITIAL LICENSE

E	Board of Educational Examiners Use Only

(Note: You may not renew your license earlier than one year from its expiration date.)

INSTRUCTIONS: (Please allow four weeks for processing. Incomplete applications may be returned.)

Revised 05/08

- 1. The application packet must include a completed application, \$85.00 fee, verification of completion of the child and dependent adult abuse training, and applicable late fees.
- 2. Include a copy of the certificate verifying completion of the **child and dependent abuse mandatory reporter training** if currently teaching in an lowa School system **or** if you have an lowa address. The mandatory reporter training is waived if you do not have an lowa address **and** you are not teaching in lowa.
- 3. Send all materials and check or money order (made payable to the Board of Educational Examiners) to the **Board of Educational Examiners**, **Licensure**, **Grimes State Office Building**, **400 E. 14**<sup>th</sup> **St.**, **Des Moines**, **IA 50319-0147**.
- 4. All fees are NONREFUNDABLE.

☐ I verify that I am not currently teaching

school setting).

- 5. LATE RENEWAL FEE. An additional fee of \$25.00 per calendar month, not to exceed \$150.00, shall be imposed if a renewal application is submitted after the expiration date. The board will waive the late fee for the following: (a) not currently practicing as an educator in Iowa, (b) obtaining a Substitute License.
- 6. The Initial License may be renewed only twice, for a total of three terms. The second renewal application must be accompanied by a letter from a school district administrator indicating contracted employment.

Applicant's Folder #	Social Security #	Date of Birth Month Day	Year Male Female		
Last Name	First Name	Middle Name	Maiden Name		
Address	City	State	Zip Code		
Home Phone	Work Phone	Email Address			
( )	( )				
Please verify PK-12 teaching experience if you have any. Note: Do not include substitute-teaching experience.					
From (month and year) Unt	il (month and year)	School District	State		
From (month and year) Unt	il (month and year)	School District	State		

OR

☐ I verify that I have not yet completed two full years of teaching experience (or three years in a nonpublic

## **Background Information:**